MONTANA'S
IMMUNE RESPONSE
Published by the Montana Immunization Program

Varicella Activity & Recommendations in Montana

Varicella activity has been widespread in several Montana counties during the last three months.

During March 2006, students attending a wrestling meet in Sidney, experienced chicken pox exposure affecting 18 Montana communities.

There are some exciting new changes in Montana's Administrative Rules for Communicable Disease Control as well as some changes in the Advisory committee on Immunization Practices (ACIP) varicella vaccination and outbreak control recommendations.

The June 2005 "Prevention of Varicella-Provisional Updated ACIP Recommendations for Varicella Vaccine Use" is enclosed as an insert in this newsletter.

The ACIP recommendations provide guidance for use of vaccine during outbreak situations. The following is an excerpt, "During a varicella outbreak, persons who have received 1 dose of varicella vaccine should, resources permitting, receive a 2nd dose, provided the appropriate vaccination interval has elapsed since the first dose (3 months for persons age 12 months through 12 years and at least 4 weeks for persons aged $\geq$ 13 years.

Montana has outbreak recommendations as well.

- Children with chicken pox vesicles are required to be excluded from school and daycare settings, and public places until the vesicles become dry, usually after 5 days, in un-immunized children and 1-4 days with breakthrough varicella in immunized children.
- Exclude infected adults from the workplace.
- Hospitals should observe strict isolation because of the risk of varicella in susceptible immunocompromised patients.
- Assess your clinic practice or community for susceptible pregnant women. Their close contacts should be vaccinated. If a pregnant woman has a history of chicken pox, her fetus will have the protection of maternal antibodies.
- Assess your clinic practice and community for susceptible children and adults, who have no history of disease or vaccination. These folks will benefit from vaccination prior to exposure and post exposure if it is provided within 3 days after exposure.

ACIP has a revised definition of evidence of immunity to varicella and includes the following
1) Written documentation of age appropriate vaccination
2) Born in the US prior to 1966
3) History of varicella disease based on healthcare provider diagnosis, self or parental report of typical varicella disease for children born during 1966-1997. All persons born after 1998, history of disease is no longer considered as evidence of immunity. Lab confirmation of disease is also acceptable.

The Montana Immunization Program recognizes that Montana has experienced disease incidence longer than many states in the US due to our lower varicella immunization rates. Because of this, Montana will be implementing the following, **for persons born on or after July 1, 2006, history of disease will no longer be considered as evidence of immunity, unless the illness was laboratory confirmed.**

The Department of Public Health & Human Services is reviewing the proposed administrative rule regarding varicella reporting within the next few months. In the Communicable Disease Control Rule, 37.114.101-37.114.799, **varicella will be added as a required reportable communicable disease.** This is a major change for health care providers and public health in Montana. More information will be forthcoming. We hope you will participate and share your ideas during the public comment period for this rule change.
Published on Wednesday, 2/22/06, Billings Gazette.

Guest Opinion: Benefits of Kids' Vaccines far Outweigh Remote Risks

A Feb. 18 letter spoke to the evils of immunizations. The author who published the original article trying to link autism and the MMR immunization has been denounced by 10 of the 12 authors as using poor data and making invalid conclusions, numerous studies since then have found no such link or any other links to significant chronic problems.

In 40 years, almost no pediatrician has had to tell new parents their child has congenital rubella (German measles) and will never be normal or in the last 15 years that their child has meningitis and if the child survives, there may be deafness, seizures, or delays in development. The list goes on.

We do stop immunizations if they are considered dangerous such as smallpox, oral polio, or the first immunization against rotavirus several years ago. No one who cares for children wants to hurt them.

The diseases are not gone as demonstrated by five cases of polio in Minnesota this year within a group of non-immunized children and the ups and downs of whooping cough. When Japan stopped immunizing for whooping cough, cases increased from 1,000 to 100,000 in three years. This means 10,000 children were at risk to die and another 10,000 to be permanently handicapped.

Infectious diseases do kill children and unfounded or inaccurate information regarding immunizations does not help. Parents should certainly ask questions of their physician. But almost all pediatricians immunize their own children -- knowing the benefits far outweigh even the remote risks that some people suggest.

Patrick Sauer, M.D.
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The Centers for Disease Control and Prevention has established twice a day temperature monitoring as a national standard for federally supplied vaccine. During the 2006 VFC site visits, all refrigerators and freezers in a clinic containing federally supplied vaccine must have documentation of twice daily monitoring in their clinic. Any provider sites identified as not monitoring refrigerator/freezer temperatures twice a day will be required to send in temperature charts for two months, to verify appropriate temperature monitoring, in order to receive vaccine shipments.

RESULTS OF LATEST PROVIDER SATISFACTION SURVEY

Thanks to everyone who provided input in our 2005 Provider Satisfaction Survey. Approximately 70 percent of VFC providers returned their surveys. In general providers are satisfied with the program.

- Required paperwork tops the concerns. We are currently exploring ways that we can use the immunization registry to collect information and save you some paperwork. This will be another benefit of registry participation.
- Many people want vaccine for all children, however, without state participation that will not be possible. CDC has made it clear that with current congressional guidelines, there will not be any expansion in the eligible population anytime soon.

REMEMBER YOU DO NOT NEED TO WAIT UNTIL THE NEXT SURVEY TO EXPRESS YOUR OPINION. GIVE US A CALL 444-5580.

People with Diabetes at an Increased Risk for Tetanus

Although the incidence of tetanus has decreased over time, certain patient populations remain at an all time high risk. During a tetanus survey of 1998-2000 it was discovered that patients with type 2 diabetes have impaired immunity against tetanus. During this time there were a total of 130 cases reported in the United States. Diabetic patients accounted for 12% (16/130) of all cases. Of these 16 cases, 5 diabetics died, indicating a high risk for mortality in diabetic patients who contract tetanus.

Tetanus immunity was assessed in 115 subjects with type 2 diabetes and contrasted with 115 age-and-sex matched control subjects. Results showed that protective levels of tetanus antibodies declined with aging, but also that antibodies of those with type 2 diabetes decreased earlier than the control group. Researchers also discovered that the response to immunization against tetanus is slower and of a lower magnitude in older persons.

School Administrative Rule Requirement for Fall 2006

Prior to entering the 7th grade, pupils must receive a dose of Td containing vaccine unless:

- A five year interval has not passed since the pupil's previous doses of DTP, DTaP, DT or Td
- The pupil is not yet 11 years of age
- A dose of Td was given to the pupil at 7 years of age or older

Pupils must receive a 2nd dose of MMR vaccine if that dose was not administered prior to kindergarten-6th grade entry.

Remember, Tdap is the vaccine of choice for the new school requirement!

Rabies Vaccine and RIG are now available through Sanofi Pasteur by calling 1-800-VACCINE.

MAY WE INTRODUCE…

On April 15, 2006 Meningococcal Conjugate Vaccine (MCV4) will be available through the Vaccines for Children Program. The Advisory Committee for Immunization Practices (ACIP) has recommended the vaccine for all children at their routine preadolescent visit. However, it is specifically targeted for children aged 11-12 years of age, adolescents at high school entry, and to those who are or will soon be living in a dormitory situation. This would include college bound graduating seniors, children < 19 years of age in Job Corps, and incarcerated children. Other children at high risk for meningococcal disease would include anyone with asplenia or a damaged spleen, children with an immune system disorder and those who may have been exposed to bacterial meningitis.

The recommendation is one dose, given IM. The vaccine protects against the A, C, Y and W-135 subtypes. The MCV4 is expected to give better, longer-lasting protection than the polysaccharide vaccine and is licensed for use in persons 11-55 years of age.

Prevnar (PCV7) has changed it's SIZE! Prevnar, PCV7 will now be packaged in pre-filled syringes. Because of this, the size of 5 doses of Prevnar will be <u>five times</u> larger than the old packaging for 10 doses. (10 one-dose vials) Please allow room in your refrigerator for this increase in packaging size. Pre-filled syringes will be available when current supplies of vaccine are depleted.

Stop in and exercise your brain! "The Challenge" is presented for a little fun and we encourage you to discuss "The Challenge" with your peers and e-mail an answer to: thoran@mt.gov or fax your answer to the Immunization Program at 444-2920 to Tim Horan or, mail to: The Challenge, Immunization Program, Cogswell Building, P.O. Box 202951, Helena, MT 59620-2951

Winners will be acknowledged with Kudos in the next newsletter, and your names will be entered into a drawing for a T-shirt.

Talk about this week's Newsletter - Challenge and Stretch Your Mind!

The Challenge - Last News Letter (Assessment - March 2006, Vol. 12, No. 1)

Question: A dreaded new disease is sweeping across the countryside. It's called "The Waltzing Plague." If you're afflicted with it, you begin waltzing around the countryside, until you finally collapse and die. The remedy: lock yourself into a small, non-waltzing room until the urge passes. A test has been developed that can detect whether you have the disease. The test is 99 percent accurate. That is, **if you have the disease**, there is a **99 percent** chance that the test will detect it. **If you don't have the disease**, the test will be **99 percent** accurate in saying that you don't. **In the general population**, 0.1 percent of the people has the disease-- that's **one-tenth of one percent.** You decide to go for the test. You get your results: Positive. Since the test came back positive, what is the probability that you actually have Waltzing Plague (1 in 5, 1in 9, 1 in?, etc.) Hint: How many total Positive results will result from the test vs. actual numbers of persons with disease in any given population?

Answer: Let's say that where you live there are a million people, and .1 percent, or a thousand people out of a million, has the disease. If the 999,000 disease-free people are tested, the results will say that one percent of them, or 9,990 have the disease when, in fact, they don't, they're misdiagnosed! And of the thousand people who do have the disease, the test results will say that 99 percent of them or 990 have the disease. So, we have a total of 10,980 positive results. But, we know that out of a million people, only a thousand people really do have the disease. So, the chance that you have Waltzing Plague, if you test positive, is about one in eleven, or less than 10 percent.

Responses were received from several individuals; however, the correct answer remained elusive!

New Challenge: How to Save a City from Measles

New Question: The year was 1962. New York City was in the grip of a measles epidemic. City officials were getting nervous. It seemed like New Yorkers weren't taking it seriously. But, people needed to know who needed to be vaccinated and why, and, moreover, they needed to know where the vaccine was available and who was eligible. There was a lot of information that needed to be disseminated. The public health service people were getting discouraged as the epidemic spread. Something had to be done. A meeting was called. Various strategies were presented. Finally, out of the inky shadows, emerged Edmund J. Potas, Senior Public Health Advisor. "I have an idea," he said. He suggested a form of long-distance mass tele-communication that had never been used before. It was a success. And this method has been used countless times ever since.

What did he suggest that day? Some of the hint is in the above paragraph, and the rest of the hint is: "measles." And, measles has 7 letters.

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Upcoming Events

May 22-May 25, 2006 Governors Summit on Emergency Preparedness, Helena

September 12-14, Montana Public Health Association Conference, Billings

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